PART B - FEE(S) TRANSMITTAL

C	omnlete and s	end this form	, together with	applicable fe	ee(s), to	n: Mail
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	FC:1504 FC:1501	300.00 OP 1400.00 OP D	EC 1 0 2004				(Date)			
	APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.			
	10/613,101	07/07/2003	TA TRADEME	Steven Grice		44930	4249			
	TITLE OF INVENTION: A	NTI-REVERSE BAIL CON	TROL							
	APPLN. TYPE	APPLN. TYPE SMALL ENTITY nonprovisional NO EXAMINER		EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE			
	nonprovisional)	\$300	\$1630	12/10/2004			
1	EXAM			IIT	CLASS-SUBCLASS	7				
•	MARCELO, EMMANUEL MONSAYAC		3654		242-231000	_				
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 ROYTATICE. PASTAMES, 2 Berdo & Goodman L						
:	3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON 1	THE PATENT	(print or type)					
	PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion of	low, no assignee of this form is NO	data will apper T a substitute fo	ar on the patent. If an assignment.	mee is identified below, the	locument has been filed for			
;	(A) NAME OF ASSIGNI	EE	(B) RESIDENCE	E: (CITY and STATE OR CO	DUNTRY)				
*	Pure Fish	ing, Inc.		Ś	pirit Lake, I	owa				
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Authorized Signature Typed or printed name Lancé G. Johnson				Date <u>December 10, 2004</u> 32,531						
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